

Town Hall Meetings Comments and Suggestions *Colorectal Cancer*

Comments

The tobacco restitution money funds colorectal cancer programs.

Local hospitals have collaborated with colorectal screening and are doing many screenings for people with no funds for treatment.

The Upper Shore has a wait of up to two months for screening. It takes 2-3 weeks to get physician visit and then up to two months to get appointment.

People generally believe they will not have a good experience with the screening.

The screening site is very busy and this has seen an increase because of the publicity.

The Eastern Shore continues to use the colonoscopy screenings but needs to recruit a new doctor and then they will decrease the wait and improve service.

During the colorectal program, we have done 36 screenings and had 3 patients diagnosed with polyps. We need to do follow up but there are no treatment funds for colorectal cancer.

Patients apply for medical assistance. If that is denied, the Shore counties have them apply to the hospital for uncompensated care.

The Patient Navigator program was started as a pilot by the American Cancer Society. It does cover the Eastern Shore. The program was started when it was found that calls came in for assistance that could not be met on the phone. The patients needed someone in direct contact with them. This program works when resources are available. However, if no resources are available, the program cannot create resources.

Many Shore persons do not have phones, or if they have phones, they do not have long distance service or they have no transportation.

Churches need to be involved since when a person is diagnosed, people turn to the church.

It is difficult to set up a program when it is funded for Prince George's County for one year.

Screening numbers are at the top limit for the grant and may not be able to serve any more clients.

The services are gone when the tobacco money is gone.

It is difficult to get men in for the colorectal screening.

Compliance is up from 37 percent to 40 percent for colon cancer but we have a long way to go in Charles County.

People do not want to talk about colon cancer and colonoscopy. It is seen as a disease of aging and people avoid that label. They also avoid physicians and physicals.

People think that having no symptoms equals good health, but colon cancer symptoms do not show up until the cancer has spread.

Colorectal cancer program gives kits and comes up with 2-3 people who have positive screens.

We screen for the over 50 but we have people in their 40s dying of the disease. There is no access to screening for them.

Money for colorectal cancer education and prevention is available through Komen Grants. The applications for grants do not have to only be for breast cancer prevention, screening, or treatment; they can be for any cancer-related program.

Prince George's County has made a real impact on this issue by offering a lab procedure to indicate active bleeding. In one month 1,000 persons were identified through the procedure as having active bleeding. As it turned out, not all of the 1,000 persons screened had cancer but all were followed up and sent for diagnosis and treatment for the cause of the bleeding. Prince George's County residents who meet eligibility levels can have a free colonoscopy under the program.

Not sure if people who are having problems will share information on their problem when it is personal (e.g., to share that they have rectal bleeding is not macho).

Public transportation should not be used after a colonoscopy and it appears that family or friends have been assisting. Taxis could be used but staff is not comfortable sending a woman home alone in a cab while post anesthesia.

Testimonials are useful especially from survivors who would talk about their experiences.

Suggestions

Let people know that Health Department screening programs exist and that we will go out of the way to get the patient to the screening including transportation services.

Have the women in the Breast and Cervical Cancer screening programs bring their men with them for skin, colorectal, and prostate cancers screening.

Recruit more GI doctors to the Shore area.

Need funding for treatment so people do not have to lose everything they have to get treatment.

Need after hour's screenings for all cancers.

Consider assigning two staff persons per patient. One works with the patient and the other one gathers information on all the resources available in the community. That way it is easy to connect the need with the resource.

Need direct contact in the community so that the person not only works with the patient but also really goes with the patient to the resources if necessary.

Change the behavior of the parents regarding the risks of cancer by educating the kids. They will turn around and teach the parents.

Work with candidates and general assembly to continue funding at the current or a higher rate.

Get a more positive role model for screening.

Continue cancer control programs through local health department outreach programs.

Provide more cancer screenings for medically underserved.

Place more emphasis on prevention and prevention campaigns.

Create a Statewide media campaign so that colon cancer becomes as common a topic as breast cancer has become.

Change the focus to a total approach for cancer education and get it out to all the people.

Reevaluate the age guidelines.

Urge the southern, eastern, and western areas of the State to send in more grant requests.

Obtain testimonials especially from survivors who would talk about their experience and treatment.

Need to have persons who were not diagnosed with cancer but who had a good experience with colonoscopy encourage others to get screened.

Need to look at the marketing of the screening. It might be more effective to have a state approach to the marketing.